Modernization of eligibility systems is a high priority for health and human services agencies. CIOs need to support new eligibility categories, standardize eligibility policies and streamline verification processes. Existing systems – many of them over 20 years old – are unable to provide the agility and speed of response that are so essential. Federal regulatory deadlines add to the pressure for change.

In such a challenging and fast-moving operating environment, CIOs in these organizations are urgently investigating technologies that can address their requirements. One technology approach that has helped many CIOs is Service Oriented Architecture (SOA). SOA, also called shared services, or integration services, is an approach to building applications that are flexible and easy to maintain, easily integrated with current systems, and leverage existing technology investments.

In its early days, SOA was presented as a ‘silver bullet’ to solve every IT problem. With experience and lessons learned, the true value of SOA has emerged and many CIOs today are focusing on a few key principles to revolutionize their application portfolio. Additionally, the second wave of SOA features COTS (commercial off-the-shelf) products that are speeding implementation times, reducing complexity, and allowing easy integration with internal and external systems.

A recently completed research survey by the Center for Digital Government (CDG) highlights the momentum for transformation initiatives in this area. Drawing on the findings from the CDG survey, this point of view presents the key requirements that IT leaders have for solutions that support modernization and integration in health and human services – and shows how mature SOA platforms are now being used to satisfy them.

**Priority requirements**

The CDG survey canvassed the views of over 150 government health and human service IT leaders. The results show how these leaders are looking for many of the same key features from the technology solutions they select to support them in this vital area. These priority requirements can be summarized as:

1. **Integration** – solutions that integrate across agencies and programs
2. **Maximizing Existing Investments** – solutions that allow agencies to leverage existing technology investments
3. **Flexibility** – solutions that can be configured to meet business needs, enable use of modern technologies and are easy to change or upgrade.

However, while there is clear consensus around must-have capabilities, many IT leaders in health and human service agencies are struggling to identify and implement software solutions that can meet their needs for integration and modernization.

These challenges are, inevitably, grounded in concerns over cost and performance. Almost half the survey respondents believe they lack the budget for carrying out modifications to existing systems. Tasked with cutting IT costs, they are under pressure to modernize while protecting their existing IT investments.
They are simultaneously being asked to update and improve applications at a faster pace. While this creates a paralyzing paradox for many, it also presents an opportunity for creative IT leaders to seek technology that delivers on all their objectives.

The answer lies in enterprise architecture platforms offering centralized shared services, readily integrated via a standardized approach with other agencies. These frameworks enable CIOs to address changing business requirements, reuse existing IT investments and increase organizational effectiveness – all without the cost and risk of wholesale changes to the IT landscape.

In the following sections, we highlight how these platforms successfully address the priority objectives of integration, maximizing existing investments and flexibility to meet business needs.

1. Integration across agencies and programs
   The majority of eligibility systems serve multiple agencies. So it is not surprising that CIOs attach enormous importance to the ability to integrate software solutions, easily and rapidly, across agencies (as well as within their own organizations).

   Over 20% of respondents to the CDG survey cited the inability to integrate within their existing system as a major difficulty. By adopting a services-based approach, these CIOs would be able to take advantage of a ready-made framework for modern integration with other state systems and external partners – from state agencies and federal systems to health providers and payers.

   Centralized shared services enable the use of existing services from other agencies, as well as the “export” of internal services – perhaps for a fee to help with the sustainability of the new systems. These shared services mean that integration programs can be based on modern services technologies that allow integration partners to update their systems incrementally as budgets and resources allow. This eliminates the need for a potentially high-risk “big bang” approach to transformation.

   Perhaps the largest advantage for CIOs in this area is the availability of software products that provide ready frameworks for integration. These products include numerous built-in integrations with Federal data services. As such, they provide the foundation for integrated eligibility solutions and support the convergence of health and human services.

2. Maximizing the value of existing technology investments
   Health and human services agencies have been investing in enterprise IT capabilities for many years. Now, under unprecedented pressure to achieve improved performance at lower cost, CIOs in these organizations are intent on maximizing the value that can be obtained from their investments. Nearly 75% of CDG survey respondents agreed that their agencies need software systems that work with existing IT investments, making it one of the top factors in software evaluation.

   A services-based approach to application modernization allows existing IT investments to be used by new applications as part of a step-wise, incremental modernization program.

   To help maximize value, any new enterprise architecture platform should offer CIOs the ability to use existing investments and insulate applications from changes in underlying product services.

3. Flexibility: solutions that are fast to implement and change
   According to the CDG survey, CIOs in health and human services agencies anticipate implementation of any new eligibility or integration solution to be a time-consuming process. 76% of respondents agreed that new software systems need much quicker realization times.

   Using the new breed of enterprise architecture platform as part of the eligibility solution addresses this requirement head-on, utilizing COTS frameworks to speed implementation and accelerate time to value. With pre-built services and functionality, implementation is accelerated as the integration layer is available ‘out of the box’ rather than having to be custom built.

   Once the enterprise architecture platform is in place, follow-on application implementations are faster. This is due to development teams’ familiarity with standard components and the surrounding application environment, as well as the reuse of business and technical services supplied by centralized shared services. Additionally, updates or improvements to centralized shared services ripple through every application. This greatly reduces the effort required to implement policy, legislative or other business changes.

   Because they are faster, these implementations are much less costly, meeting another major concern for CIOs. Additional efficiencies flow from the use of modern development frameworks and patterns to expand the field of resources available for application development and maintenance, instead of having to rely on a small pool of specialized resources for legacy applications.

The blueprint for modernization

Faced with a complex array of operational and regulatory challenges, and needing to control ever-increasing quantities of data across their technology ecosystems, health and human services CIOs know that modernization is essential. The CDG survey emphasized how widespread transformation programs will become. Almost 50% of respondents are currently planning or implementing changes to their eligibility systems. Of those, 53% plan to modify their existing systems with modernization or maintenance updates, while 43% plan to fully replace their systems.
Based on years of experience with SOA implementations and modernization in health and human services, Accenture has developed a technology blueprint for the future. This platform for transformation to a new digital ecosystem supporting eligibility modernization and convergence of health and human services is shown in Figure 1.

Software vendors are addressing health and human services convergence by providing suites of products that offer unified solutions to help meet agencies’ needs. These will need to be supported by a flexible, adaptable, standards-based technology infrastructure designed to meet today’s needs and tomorrow’s demands with a SOA-based architecture as the foundation for creating a new digital ecosystem. This will provide an interconnected and interoperable set of services across an increasing number of agencies, programs, service providers and service delivery models. In this environment, IT leaders have an excellent opportunity to differentiate their organizations. Having implemented an enterprise architecture platform that matches their priority objectives and positions them for success, they can move to replace specific systems – at a speed that suits them.

Real-world SOA experience and technologies are now available to meet the need for integration across agencies, and maximize flexibility and existing investments. Mature SOA platform products have incorporated the lessons learned by early adopters and become laser-focused on the three key priorities SOA solves best. Additionally, these products allow maximized reuse of existing technologies to stretch technology investments and because they insulate applications from third-party vendor products, they remove the CIO’s dependency on vendors and eliminate product or vendor lock-in. With the right platform for transformation, agencies will be able to achieve any number of goals, from integrated eligibility and ACA compliance, to modernization of individual systems. CIOs can embrace change with the confidence that modern SOA enterprise platforms, tailored for health and human services and incorporating the lessons learned to date, will enable them to reduce risk and address their key objectives.

The Accenture Public Service Platform (APSP) has been designed to provide public service agencies with the foundation for integrated service delivery and modernization.

APSP is a preconfigured, standards-based enterprise architecture platform that offers complete isolation between applications and technology products. As such, it allows for rapid upgrade or swap of products as business needs change. Because it is truly vendor-neutral, agencies benefit from access to over 40 built-in product adapters to connect to their existing IT investments from providers including Oracle, IBM and Adobe, as well as Open Source solutions.

Learn more at www.accenture.com/APSP.
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